

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 06/12/01?
 - b. The request was received on 06/07/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 07/11/02. The Requestor did not respond per Rule 133.307 (g)(3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g)(4). The Respondent has not submitted any response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: none submitted
2. Respondent: none submitted

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 06/12/01.
2. The carrier's EOB for the surgeon's bill has the denial "G – THIS PROCEDURE IS CONSIDERED INTEGRAL TO THE PRIMARY PROCEDURE BILLED."
3. The carrier's EOB for the asst-surgeon's bill has the denials "G – THIS PROCEDURE IS CONSIDERED INTEGRAL TO THE PRIMARY PROCEDURE BILLED" for CPT code 22830-80 and "G – ASSISTANT SURGEON SERVICE DO NOT APPEAR TO BE MEDICALLY NECESSARY FOR THIS PROCEDURE/SERVICE" for CPT code 20975-80.

4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MAR	REFERENCE	RATIONALE:
06/12/01	22830	\$3500.00	\$0.00	G	\$1669.00	Texas Workers' Compensation Act & Rules, Rule 133.307 (g)(3)(B)	When determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the all services were rendered as billed. Also, Commission Rule 133.307 (g)(3)(B) requires "a copy of any pertinent medical records or other documents relevant to the fee dispute." The Requestor has failed to submit any medical documentation for this dispute. Therefore, no additional reimbursement is recommended.
06/12/01	22830-80	\$1000.00	\$0.00	G	\$417.25	Texas Workers' Compensation Act & Rules, Rule 133.307 (g)(3)(B)	When determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the all services were rendered as billed. Also, Commission Rule 133.307 (g)(3)(B) requires "a copy of any pertinent medical records or other documents relevant to the fee dispute." The Requestor has failed to submit any medical documentation for this dispute. Therefore, no additional reimbursement is recommended.
	20975-80	\$250.00	\$0.00	G	\$113.75	Texas Workers' Compensation Act & Rules, Rule 133.307 (g)(3)(B)	When determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the all services were rendered as billed. Also, Commission Rule 133.307 (g)(3)(B) requires "a copy of any pertinent medical records or other documents relevant to the fee dispute." The Requestor has failed to submit any medical documentation for this dispute. Therefore, no additional reimbursement is recommended.
Totals		\$4750.00	\$0.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 12th day of November 2002.

Larry Beckham
 Medical Dispute Resolution Officer
 Medical Review Division